

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 61

CERTIFICATE OF DEATH

07288

Reg. Dist. No. 290

1. PLACE OF DEATH

County TalbotCity or town Easton
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 37 daysHospital, institution, or street address where death occurred:
Easton Memorial Hosp.How long in hospital or institution? 27 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County TalbotCity or town Chesapeake
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3.(a) FULL NAME

Mr. Lillie Arrington

3.(b) Social Security Number

4. Sex 7 5. Color or race W. 6.(a) Single, married, widowed, or divorced widowed6.(b) Name of husband or wife Walter Arrington7. Birth date of deceased (mo., day, yr.) Nov. 14, 1889 8.(c) If alive, give age _____ years8. AGE: Years 56 Months 7 Days 9 It less than one day _____ hrs. _____ min.9. Birthplace Talbot Co. Md.
(Town, county, and state)10. Usual occupation H. W.

11. Industry or business _____

12. Name John Marshall13. Birthplace md.14. Maiden name Henrietta Ball15. Birthplace md.16. Informant Mrs. Lillian ParrottAddress Oxford md.17. Burial Date thereof 7/27/46
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Spring HillLocation Easton Md.18. Funeral director W. Ellis Clark, Inc.Address Easton Md.19. 7/24/46 19 46 N. H. Davis
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 23 19 46 at 5:45 P. M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 6/27/46 19 46 to 7/23 19 46
and that I last saw him alive on 7/23/46 19 46Immediate cause of death Paragone, by st. since DURATION 3/3/46Due to D. latens malleus severe

Due to _____

Other conditions chronic myocarditis 6 months

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE W. E. Cox m. D.Address Easton Md. Date signed 7/20/46

RECEIVED
JUL 29 1946
BUREAU V B

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 33

CERTIFICATE OF DEATH

Reg. Dist. No. 272

1. PLACE OF DEATH:

County Salbot

City or town Oxford
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Salbot

City or town Oxford
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

MINNIE DOBSON BARWICK

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Married

6.(b) Name of husband or wife Harry C. Barwick

7. Birth date of deceased (mo., day, yr.) Aug. 7, 1882 6.(c) If alive, give age 66 years

8. AGE: Years 63 Months 11 Days 13 If less than one dayhrs.min.

9. Birthplace Oxford, Salbot, Md.
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business At Home

12. Name John Dobson

13. Birthplace Md.

14. Maiden name Mary Sadors

15. Birthplace Delaware

16. Informant Mrs. Tom Gemmell

Address Baltimore, Md.

17. Burial Date thereof July 17, 1946
(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Oxford Cemetery

Location Oxford, Md. (rural)

18. Funeral director W. E. Ellis Clark

Address Easton, Md.

19. 7/15-46 N. H. Morris
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 15 19 46, at 6:55 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 7/18/46 19 46, to 7/15/46 19 46, and that I last saw him alive on 7/14/46 19 46.

Immediate cause of death apoplexy DURATION 3 days

Due to hypertension 3 years

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

.....Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. E. Ellis Clark M. D. or other

Address Easton, Md. Date signed 7/16/46

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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JUL 22 1946

BUREAU V.S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07290

Reg. Diat. No.

1. PLACE OF DEATH:

County TalbotCity or town Royal Oak
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? all of life

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County TalbotCity or town Royal Oak, Rural
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

4. Sex Male5. Color or race Colored6.(a) Single, married, widowed, or divorced married6.(b) Name of husband or wife Gora V. Brummel7. Birth date of deceased (mo., day, yr.) Jan 4 - 18968. AGE: Years 50 Months 6 Days 10 If less than one day _____ hrs. _____ min.9. Birthplace Royal Oak Md
(born, county, and state)10. Usual occupation Laborer11. Industry or business Farm12. Name Lloyd Brummel13. Birthplace Royal Oak Md14. Maiden name Annie Moore15. Birthplace Royal Oak Md16. Informant Gora V. BrummelAddress Royal Oak, Md17. Rural Date thereof July 17 - 1946
(Burial, cremation, or removal, where?) (month) (day) (year)Cemetery or crematory St. Paul Church CemeteryLocation Royal Oak, Md18. Funeral director John F. WilliamsAddress Talbot, Md19. July 16 19 46 John Brummel
(Date rec'd by registrar) Registrar

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH July 14 19 46 at 5:45 P M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 14 July 19 46 to 14 July 19 46 and that I last saw him alive on 14 July 19 46Immediate cause of death Cardiac FailureDURATION unknownDue to Heart Disease

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE W. Herbert Morrison

M. D. or other _____

Address St. Michaels, Md Date signed 16 July 46

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AUG 2 1946

BUREAU V E

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 63-2

07291

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:

County Albort

City or town Easton
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Memorial Hospital. Easton

How long in hospital or institution?

15 hrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Harb Caroline

City or town Denton
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Mr. Ernest ^{lavin} Carroll

3. (b) Social Security Number

4. Sex M. 5. Color or race W. 6. (a) Single, married, widowed, or divorced married.

6. (b) Name of husband or wife Mrs. Lallie Carroll

7. Birth date of deceased (mo., day, yr.) April 8, 1882 6. (c) If alive, give age years

8. AGE: Years 64 Months Days If less than one day hrs. min.

9. Birthplace Dorchester Co. Md.
(Town, county, and state)

10. Usual occupation Merchant

11. Industry or business

12. Name Thomas Carroll

13. Birthplace Md.

14. Maiden name Annie Henry

15. Birthplace Md.

16. Informant Mrs. Lallie H. Carroll

Address Denton Md.

17. (Burial, cremation, or removal, Which?) Burial Date thereof July 11, 1946
(month) (day) (year)

Cemetery or crematory Denton

Location Denton, Maryland

18. Funeral director Virgil House & Son

Address Denton, Maryland

19. 7/8 19 46 W.H. Neesee
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 8 19 46 at 2:35 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 7 19 46 to July 8 19 46

and that I last saw him alive on July 8 19 46

Immediate cause of death Cerebral infarct
7 vessels present
Cerebral vascular accident

DURATION

Due to

Due to

Other conditions Cholera

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

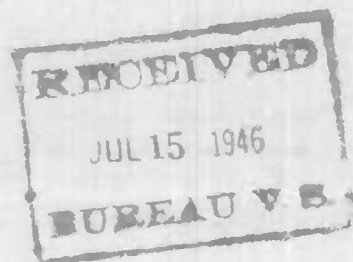
23. SIGNATURE Thomas H. Harrison M.D.

Address Denton Md. Date signed 7/8/46

MARGIN RESERVED FOR BINDING

VS A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:

County Prince GeorgesCity or town Queen Anne
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 25 yrs

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Prince GeorgesCity or town Queen Anne
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Minnie Evelyn Clark

3. (b) Social Security Number

4. Sex

F

5. Color or race

W

6. (a) Single, married, widowed, or divorced

Unmarried

6. (b) Name of husband or wife

Harry Clark

6. (c) If alive, give age _____ years

7. Birth date of

deceased (mo., day, yr.)

Oct. 18, 1870

8. AGE:

Years

Months

Days

If less than one day

75819

hrs.

min.

9. Birthplace

Prince Georges County
(Town, county, and state)

10. Usual occupation

Housekeeper

11. Industry or business

FATHER

12. Name

C. C. Evelyn

13. Birthplace

Md.

MOTHER

14. Maiden name

Barton

15. Birthplace

16. Informant

Mrs. Mary Evelyn

Address

Barton Md

17.

(Burial, cremation, or removal, Which?)

Date thereof

July 10, 1946
(month) (day) (year)

Cemetery or crematory

Greenwood

Location

Needing Md.

18. Funeral director

Address

Barton Md.

19.

(Date rec'd by registrar)

19

46N. H. Neer

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 7 1946 at 9:45 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

March 1941 to July 7 1946and that I last saw him/her alive on July 7 1946

Immediate cause of death

Coronary occlusion
Thrombosis

DURATION

3 days

Due to

Anterior crosschronic

Due to

Bronchopneumonia2 days

Other conditions

none

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Wm. L. Edwards M.D.

M. D. or other

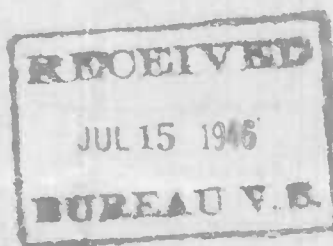
Address

Queen Anne Md.Date signed 7/19

MARGIN RESERVED FOR BINDING

VS A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 832

CERTIFICATE OF DEATH

07292

Reg. Dist. No. 297

1. PLACE OF DEATH:

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME

3.(b) Social Security Number

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

6.(b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

6.(c) If alive, give age years

8. AGE:

Years

Months

Days

It less than one day

hrs. min.

9. Birthplace

(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Address

17.

(Burial, cremation, or removal. Which?)

Date thereof

(month) (day) (year)

Cemetery or crematory

Location

18. Funeral director

Address

19.

(Date rec'd by registrar)

19 46

July 9

Joula Ross

Registar

MEDICAL CERTIFICATION

20. DATE OF DEATH

19 46

at

6:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

December 19 40 to July 19 46

and that I last saw her alive on

July 7 19 46

Immediate cause of death

Hemiciplegia

Due to

Arterio Sclerosis with

Due to

Hypertension

DURATION

4 days

10 yrs.

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Address

William S. Symmes

Grapple Md

Date signed

7-9-46

RECEIVED
JUL 11 1946
BUREAU V B

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 292

1. PLACE OF DEATH:

County TalbotCity or town Seppie
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 4 yrs

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD. County TalbotCity or town Seppie
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Dorothy Amelia Davis

3. (b) Social Security Number

4. Sex

F.

5. Color or race

W.

6.(a) Single, married, widowed, or divorced

Single

6.(b) Name of husband or wife

7. Birth date of
deceased (mo., day, yr.)Sept. 1, 1911

6.(c) If alive, give age _____ years

8. AGE:

341043

hrs.

min.

9. Birthplace

Talbot, Maryland
(Town, county, and state)

10. Usual occupation

June

11. Industry or business

FATHER

12. Name

Bradford Davis

13. Birthplace

Maryland

14. Maiden name

Elizabeth M. Seay

15. Birthplace

MD.

16. Informant

Mr. Bradford M. Davis

Address

Seppie, MD.

17.

(Burial, cremation, or removal. Which?)

Date thereof

July 26, 1946
(month) (day) (year)

Cemetery or crematory

Reading Neck

Location

Quincy, Md. R.D.

18. Funeral director

Address

John J. Day
Dorchester, Md.

19.

(Date rec'd by registrar)

19 46John J. Day

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

July 2619 46

at

12:15 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 26 19 46 to July 24 19 46
and that I last saw him alive on July 24 19 46

Immediate cause of death

Cardiac decompensation

Due to

Chronic myocarditis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury

Injured at work?

23. SIGNATURE

John J. Day

M. D. or other

Address

Seppie, MD

Date signed

7/25/46

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUL 26 1946

BUREAU V B

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 166

CERTIFICATE OF DEATH

07295

Reg. Dist. No. 290

1. PLACE OF DEATH:

County Talbot
City or town Easton Md.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 7 hours
Hospital, institution, or street address where death occurred:
The Memorial Hospital
How long in hospital or institution? 7 hours

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Md. County Caroline
City or town Ridgely
(If outside city or town limits, write RURAL and give nearest town)
Street No. _____
(If rural, give LOCATION)
2.(a) If veteran, name war _____

3. (a) FULL NAME

Clarence C. Dawson

3. (b) Social Security Number

4. Sex M 5. Color or race B 6. (a) Single, married, widowed, or divorced Single

6. (b) Name of husband or wife _____

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) Aug. 26 1926

8. AGE: Years 19 Months 11 Days 25 If less than one day _____ hrs. _____ min.

9. Birthplace _____ (Town, county, and state)

10. Usual occupation Farm work

11. Industry or business Place of work - "The Plains"

12. Name William Carter

13. Birthplace Maryland

14. Maiden name Nancy Powell

15. Birthplace Maryland

16. Informant Mrs. Nancy Powell

Address Ridgely Md.

17. Burial (Burial, cremation, or other disposal) Buried Date thereof 7/23/46
(month) (day) (year)

Cemetery or crematory Chapel

Location Near Cardova Md.

18. Funeral director R. B. Rawlings

Address Greensboro Md.

19. 7/22 19 46 M. H. Nevers
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/21/46 19 _____ at 4:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 21 19 46 to July 21 19 46

and that I last saw him alive on July 21 19 46

Immediate cause of death cardiac failure & asphyxiation

Other conditions _____

Due to Shot gun wound penetration of right chest

Due to _____

Other conditions _____

Other conditions _____

Other conditions _____

Other conditions _____

Other conditions _____

Other conditions _____

Other conditions _____

Other conditions _____

Other conditions _____

Other conditions _____

Other conditions _____

Other conditions _____

Other conditions _____

Other conditions _____

Other conditions _____

MARGIN RESERVED FOR BINDING

VS A15

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RECEIVED

JUL 26 1946

BUREAU V S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 72-2

CERTIFICATE OF DEATH

07296

Reg. Dist. No. 281

1. PLACE OF DEATH:

County Talbot
 City or town St. Michaels
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life
 Hospital, institution, or street address where death occurred:
Home
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Talbot
 City or town St. Michaels
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Roll's Lane
 (If rural, give LOCATION)
 2. (a) If veteran, name war

3. (a) FULL NAME

Susie Dennis

3. (b) Social Security Number

4. Sex Female 5. Color or race Colored 6. (a) Single, married, widowed, or divorced Widowed

6. (b) Name of husband or wife Henry Dennis

7. Birth date of deceased (mo., day, yr.) October 8, 1865 6. (c) If alive, give age years

8. AGE: Years 80 Months 10 Days 8 If less than one day hrs. min.

9. Birthplace Talbot County
 (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

12. Name Robert Miller
 13. Birthplace Talbot County

14. Maiden name Malinda Moore
 15. Birthplace Talbot County

16. Informant Balman Dennis
 Address St. Michaels

17. Burial Date thereof July 18 1946
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory St. Michaels
 Location

18. Funeral director J. Norman Marshall
 Address St. Michaels, Maryland.

19. July 18 19 46 John H. W. Wiles
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 15th 19 46, at 2 a. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 10th 19 46, to July 15 19 46, and that I last saw him alive on July 4th 19 46

Immediate cause of death Valvular heart disease (under atherosclerosis)
 Due to Do not know

Other conditions
 (Include pregnancy within 3 months of death)

Major findings of operations
 Date of op.
 Autopsy results
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide Date of
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

23. SIGNATURE S. Osney Willson, M.D.
 Address St. Michaels Md Date signed July 16, 46

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AUG 2 1946

BUREAU V B

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07297

Reg. Dist. No. 290

1. PLACE OF DEATH:

County Talbot
 City or town Easton
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? three days
 Hospital, institution, or street address where death occurred:
Easton Memorial Hosp.
 How long in hospital or institution? 3 - three days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Talbot
 City or town Drappe
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Mr. James E. Duvall

3. (b) Social Security Number

4. Sex M 5. Color or race W. 6. (a) Single, married, widowed, or divorced M

6. (b) Name of husband or wife Mr. Lulu Duvall
 6. (c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.) Feb. 3, 1895

8. AGE: Years 51 Months 5 Days 3 If less than one day hrs. min.

9. Birthplace Talbot Co. Md.
 (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Wm. J. Duvall

13. Birthplace Talbot Co. Md.

14. Maiden name Ellen Collins

15. Birthplace Talbot Co. Md.

16. Informant Mrs. J. E. Duvall

Address Easton, Md.

17. Burial Date thereof 7/9/46
 (Burial, cremation, or removal, which?) (month) (day) (year)

Cemetery or crematory Spring Hill

Location Easton, Md.

18. Funeral director Wm. E. Lunsford

Address Easton, Md.

19. 7/2 19 46 Dr. Neenan
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 6 19 46, at 7:05 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 3 19 46, to July 6 19 46, and that I last saw him alive on July 6 19 46.

Immediate cause of death _____ DURATION

Trauma to right chest. 1 week

Due to Accident 1 "

Due to Chronic alcoholism

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of June 30, 46

Where did injury occur? Easton Talbot Md.
 (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) public place

Means of Injury Fell from fence Injured at work? _____

23. SIGNATURE Wm. J. Duvall M. D. or other

Address 17 South 6th St. Easton Date signed 7-7-48

RECEIVED
JUL 15 1946
BUREAU OF

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

92-8

07298

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH

County GalvestCity or town Galvest
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred

118 South St.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County GalvestCity or town Galvest
(If outside city or town limits, write RURAL and give nearest town)Street No. 118 South St.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

DONALD EDWARD ERSKINE

3. (b) Social Security Number

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.)

Nov. 5, 1937

8. AGE:

Years 8 Months 8 Days 13 If less than one day _____ hrs. _____ min.

9. Birthplace

Galvest, Md.
(Town, county, and state)

10. Usual occupation

Infant

11. Industry or business

Mrs. James Erskine

12. Name

Maryland

13. Birthplace

Sallie Elizabeth Kirby

14. Maiden name

Maryland

15. Birthplace

Sallie Kirby Erskine

16. Informant

Galvest, Md.

17. Burial

Funeral Date thereof July 23, 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)

18. Cemetery or crematory

Galvest, Md.

19. Location

Funeral

20. Funeral director

Galvest, Md.

21. Address

7/22 46

22. Date rec'd by registrar

7/22 46

23. Registrar

N. B. Neerix

MEDICAL CERTIFICATION

20. DATE OF DEATH July 18 1946, at 9:30 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 22 1946 to July 18 1946and that I last saw him alive on July 18 1946

Immediate cause of death

Acute Nephritis

DURATION

3 wks.

Due to

Due to

Other conditions

Mitral Insufficiencysecond year

(Include pregnancy within 3 months of death)

Major findings of operations

no

Date of op. _____

Autopsy results

no

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury

Injured at work?

23. SIGNATURE

R. M. C. Stevens

M. D. or other

Galvest, Md.Date signed 7-19-46

RECEIVED
JUL 24 1946
BUREAU V R

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 89-2

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH

County TalbotCity or town Easton
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? all of life

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Mary Magdalen Henry

4. Sex

Female

5. Color or race

Colored

6. (a) Single, married, widowed, or divorced

Widow

6. (b) Name of husband or wife

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) June 19 - 1879 -

8. AGE: Years Months Days If less than one day

67 - 1 - 9 hrs. min.9. Birthplace Talbot Co., Md.
(town, county, and state)10. Usual occupation Housework

11. Industry or business

12. Name George H. Johnson13. Birthplace Richmond, Va.14. Maiden name Mary E. Moore15. Birthplace Frederick Md.16. Informant Nathan JohnsonAddress Easton Md.17. Burial Date thereof Aug 2 - 46
(Burial, cremation, or removal, which?) (day) (year)Cemetery or crematory Richard CemeteryLocation Easton Md.18. Funeral director John D. WilliamsAddress Easton, Md.19. 7/30 19 46 N. S. Nease
(Date rec'd by registrar) Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County TalbotCity or town Easton
(If outside city or town limits, write RURAL and give nearest town)Street No. E - South St
(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH July 28th 19 46 at 8:30 P. M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 28 19 46 to July 28 19 46and that I last saw him alive on July 28 19 46Immediate cause of death Cerebral Hemorrhage DURATION 10 minutesDue to Hypertension 1-2 years

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Harward T. Pratt M.D. M. D. or otherAddress Easton, Md. Date signed 7/30/46

RECEIVED
AUG 8 1946
BUREAU V S

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write true causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 742

CERTIFICATE OF DEATH

Reg. Dist. No. 07300 290

1. PLACE OF DEATH:

County Talbot
 City or town Cordova (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 25 years
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Talbot
 City or town Cordova (If outside city or town limits, write RURAL and give nearest town)
 Street No. Main St. (If rural, give LOCATION)
 2. (a) If veteran, name war

3. (a) FULL NAME

William James Hopkins

3. (b) Social Security Number

4. Sex male 5. Color or race white 6. (a) Single, married, widowed, or divorced married

6. (b) Name of husband or wife Sally H. Stafford
Hopkins 78 years

7. Birth date of deceased (mo., day, yr.) October 23, 1862 6. (c) If alive, give age 78 years

8. AGE: Years 83 Months 8 Days 9 If less than one day
 hrs. min.

9. Birthplace Kent Island, Md.
 (Town, county, and state)

10. Usual occupation retired gardener

11. Industry or business

12. Name William J. Hopkins

13. Birthplace Maryland

14. Maiden name Rebecca Cooper

15. Birthplace Maryland

16. Informant Mrs. Sally H. Hopkins

Address Cordova

17. Burial Date thereof July 25, 1946
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Spring Hill Cemetery

Location Easton, Md.

18. Funeral director John D. Williams

Address Easton, Md.

19. 7/2 19 46 N.H. Neer
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 1 19 46 at 2 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 15 to July 1 19 46
 and that I last saw him alive on May 1 19 46

Immediate cause of death Cor on aortic occlusion DURATION

Due to pericardial arteria - 7 years

Due to sclerosis 7 years

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations Date of op.

Autopsy results
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Kurt Lederer M.D. M. D. or other

Address Queen Anne's Md Date signed 7/1/46

RECEIVED

JUL 10 1946

BUREAU V.E.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 07301 290

1. PLACE OF DEATH:

County Garretts
City or town Easton
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? six days
Hospital, institution, or street address where death occurred:
Easton Memorial Hosp.
How long in hospital or institution? six days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Salisbury
City or town Grasonville, Md.
(If outside city or town limits, write RURAL and give nearest town)
Street No. _____
(If rural, give LOCATION)
2.(a) If veteran, name war _____

3. (a) FULL NAME

Charles J. Johnson

3. (b) Social Security Number

4. Sex M. 5. Color or race B. 6.(a) Single, married, widowed, or divorced single

6.(b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) Sept. 4, 1876 8.(c) If alive, give age _____ years

8. AGE: 69 Years 10 Months 15 Days 8 hrs. 45 P.M.

9. Birthplace Grasonville, Md.
(Town, county, and state)

10. Usual occupation FARMER

11. Industry or business

12. Name William Henry Johnson

13. Birthplace Grasonville, Md.

14. Maiden name Rebecca Steward

15. Birthplace Carmichael, Md.

16. Informant Nathan Johnson

Address Grasonville, Md.

17. Burial Date thereof 7/23/46
(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Robinson Memorial Church

Location Grasonville, Md.

18. Funeral director Grand Malheur

Address Easton, Md.

19. 7/22 19 46 N. H. Newer
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

2D. DATE OF DEATH July 20, 1946 19_____, at _____ M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 14 1946 to July 20 1946

and that I last saw him alive on July 20 1946

Immediate cause of death Apoplectic Pneumonia DURATION 2 weeks

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE M. V. Palmer M. D. or other _____

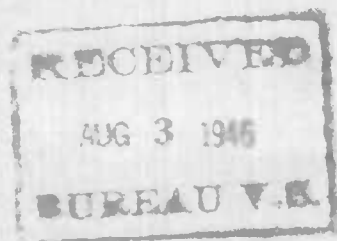
Address Easton, Md. Date signed 2/23/46

MARGIN RESERVED FOR BINDING

9-45-15

VS-A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 128

07302

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:

County Salisbury
 City or town Easton Md.
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 3 hrs. 40 min.
 Hospital, institution or street address where death occurred:
Memorial Hospital
 How long in hospital or institution? 3 hrs. 40 min.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Wicomico
 City or town Saulsbury Md.
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____ ✓

3. (a) FULL NAME

Miss. Blanche Jones

3. (b) Social Security Number

4. Sex F 5. Color or race W 6. (a) Single, married, widowed, or divorced Single

6. (b) Name of husband or wife _____

7. Birth date of deceased (mo., day, yr.)

Aug. 22, 1909

6. (c) If alive, give age _____ years

8. AGE: Years Months Days If less than one day

38 10 26 hrs. min.9. Birthplace Rising Sun, Cecil Co. Md.
(Town, county, and state)10. Usual occupation none

11. Industry or business _____

FATHER 12. Name Mr. Andrew Jones
13. Birthplace Cecil Co. Md.MOTHER 14. Maiden name Ms. Myrtle Lambert
15. Birthplace Cecil Co. Md.16. Informant Andrew J. Jones
Address Centerville Md.17. Burial Date thereof July 21-46
(Burial, cremation, or removal, which?) (month) (day) (year)Cemetery or crematory Christywood
Location Centerville, Maryland18. Funeral director Doctor Bera
Address Centerville, Maryland19. 7/20 19 46 N.S. Peters
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/18/46 19 46 at 10:40 p.m.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 7/18/46 19 46 to 7/18 19 46 and that I last saw him alive on 7/18/46 19 46Immediate cause of death Acute HepatitisDue to Progressive Gallbladder

Due to _____

Other conditions Acute Pancreatitis

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of Injury _____ Injured at work? _____

23. SIGNATURE M. V. Palmer M.D.Address Easton, Md. Date signed 7/19/46

RECEIVED
JUL 24 1946
BUREAU V. E.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 294

1. PLACE OF DEATH: Talbot
 County.....
 City or town..... Sherwood
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?..... Nine years
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State..... Maryland County..... Talbot
 City or town..... Sherwood
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.....
 (If rural, give LOCATION)
 2. (a) If veteran, name war.....

3. (a) FULL NAME
 Lola Lula Savage Jordan

3. (b) Social Security Number
 212-18-6959

4. Sex..... Female
 5. Color or race..... Colored
 6. (a) Single, married, widowed, or divorced..... Married

6. (b) Name of husband or wife..... Lawrence Jordan

6. (c) If alive, give age..... 49 years

7. Birth date of deceased (mo., day, yr.)..... April 24 1891

8. AGE: Years..... 55 Months..... 3 Days..... 3 It less than one day..... hrs. min.

9. Birthplace..... Accomac Co. Virginia
 (Town, county, and state)

10. Usual occupation..... Housewife

11. Industry or business..... Own home

12. Name..... George Savage

13. Birthplace..... Accomac Co. Virginia

14. Maiden name..... Mary Pitts

15. Birthplace..... Accomac Co. Virginia

16. Informant..... Daisy Johnson

Address..... Sherwood Maryland

17. Burial..... Date thereof..... 7-29-46
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory..... Sherwood Colored

Location..... Sherwood Maryland

18. Funeral director..... J. Norman Marshall

Address..... St. Michaels

19. Date rec'd by registrar..... July 28th 1946

Registrar..... Anna C. Thomas

MEDICAL CERTIFICATION

20. DATE OF DEATH..... July 25 1946 at 10:30 P.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from July 25 1946, to July 25 1946

and that I last saw him..... alive on July 24 1946

Immediate cause of death..... Cerebral Hemorrhage

Due to..... Degenerative arteries & atherosclerosis

Other conditions.....

Other conditions.....

Other conditions.....

Other conditions.....

Other conditions.....

Other conditions.....

Other conditions.....

Other conditions.....

Other conditions.....

Other conditions.....

Other conditions.....

Other conditions.....

Other conditions.....

Other conditions.....

Other conditions.....

Other conditions.....

Other conditions.....

Other conditions.....

Other conditions.....

RECEIVED
AUG 2 1946
BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for change of birth date of deceased is shown on

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 58

07304

FILM No. 106 JUL 31 1946

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:

County Talbot

City or town Easton, Md
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 19 days

Hospital, institution, or street address where death occurred:
Memorial Hospital, Easton, Md

How long in hospital or institution? 19 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Kent

City or town Chestertown
(If outside city or town limits, write RURAL and give nearest town)

Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name War _____

3. (a) FULL NAME

Mr. Fred Kinsey

3. (b) Social Security Number

218-03-9232

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced Widowed

6. (b) Name of husband or wife _____

7. Birth date of deceased (mo., day, yr.) May 2, 1875 1876

8. AGE: Years 70 Months _____ Days _____ If less than one day _____ hrs. _____ min.

9. Birthplace Pa.
(Town, county, and state)

10. Usual occupation Machinist

11. Industry or business _____

12. Name John M. Kinsey

13. Birthplace Pa.

14. Maiden name Sarah Reynolds

15. Birthplace Pa.

16. Informant Willard Kinsey

Address Chestertown, Md

17. Burial Date thereof July 31, 1946

(Burial, cremation, or removal of body) (month) (day) (year)

Cemetery or crematory Chestertown

Location Chestertown, Md

18. Funeral director Edward Miller

Address Millington, Md

19. 2/1 19 46 N. L. Peeme

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 1 19 46, at 6⁰⁵ A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 12 19 46 to July 1 19 46, and that I last saw him alive on July 1 19 46.

Immediate cause of death _____ DURATION _____

Coronary Disease
Due to arterio sclerosis

Due to _____

Other conditions Carcinoma Prostate

(Include pregnancy within 3 months of death)

Major findings of operations _____

_____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of Injury _____ Injured at work? _____

23. SIGNATURE Free Palmer

Address Easton, Md M. D. or other _____

Date signed 7/1/46

RECEIVED

JUL 10 1945

BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:

County Talbot
City or town Easton, Md
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 20 minutes
Hospital, institution, or street address where death occurred:
Memorial Hospital, Easton, Md
How long in hospital or institution? 20 minutes

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Caroline
City or town Preston
(If outside city or town limits, write RURAL and give nearest town)
Street No. _____
(If rural, give LOCATION)
2.(a) If veteran, name war _____

3. (a) FULL NAME

Ferdinand Kruger

3. (b) Social Security Number

4. Sex M 5. Color or race W 6.(a) Single, married, widowed, or divorced married
6.(b) Name of husband or wife Clara Kruger
7. Birth date of deceased (mo., day, yr.) Sept 4, 1877 6.(c) If alive, give age _____ years
8. AGE: Years 68 Months 10 Days 11 It less than one day _____ hrs. _____ min.

9. Birthplace Germany
(town, county, and state)
10. Usual occupation farmer
11. Industry or business _____

12. Name Julius Kruger
13. Birthplace Germany
14. Maiden name Augusta Kobach
15. Birthplace Germany

16. Informant Mrs Clara Kruger wife
Address Preston, Md

17. Burial Date thereof 7/18/46
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory J. O. U. A. M.
Location Preston Md.

18. Funeral director Harry M. Jones
Address Preston, Md.

19. 7/17 19 46 N. W. Heiser
(Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 15 19 46, at 12:30 P. M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 15 19 46, to July 15 19 46, and that I last saw him alive on July 15 19 46.

Immediate cause of death Coronary Thrombosis DURATION 2 hrs

Due to _____
Due to _____

Other conditions _____
(Include pregnancy within 9 months of death)

Major findings of operations None Date of op. _____

Autopsy results _____
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide _____ Date of _____
Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____
Means of injury _____ Injured at work? _____

23. SIGNATURE Howard T. Korman Linman
Address Porter Maryland M. D. or other _____
Date signed 16 July 46

MARGIN RESERVED FOR BINDING

VS A15-7

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

07305

RECEIVED

JUL 22 1946

BUREAU V B

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (170-2)

CERTIFICATE OF DEATH

Reg. Dist. No. 07306 290

1. PLACE OF DEATH:

County TalbotCity or town Easton

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 Days

Hospital, institution, or street address where death occurred:

Easton Memorial HospitalHow long in hospital or institution? 2 Days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Pennsylvania County City or town Philadelphia

(If outside city or town limits, write RURAL and give nearest town)

Street No. 7105 Wayne Ave. (Pywood)

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

DAVID FLANNIGAN McCALLISTER JR.

3. (b) Social Security Number

4. Sex Male5. Color or race White6. (a) Single, married, widowed, or divorced Married6. (b) Name of husband or wife Lillian McCallister6. (c) If alive, give age years7. Birth date of deceased (mo., day, yr.) November 3, 18968. AGE: Years 49 Months 8 Days 18 If less than one dayhrs. min. 9. Birthplace Pennsylvania

(Town, county, and state)

10. Usual occupation Caterer11. Industry or business Catering12. Name David Flannigan McCallister13. Birthplace Phila. Pa.14. Maiden name Sauvage R. Hunt15. Birthplace Maine16. Informant Easton Memorial Hospital RecordsAddress Easton, Md.17. Burial Date thereof July 24, 1946

(Burial, cremation, or removal, which?) (month) (day) (year)

Cemetery or crematory ArlingtonLocation Maple Hill Pa.18. Funeral director David Brown & SonAddress 4951 Catherine St. - Phila. Pa.19. 7/22 19 46 N. A. Neirus

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 21st 19 46 at 6:35 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19 to 19 and that I last saw h. alive on 19

Immediate cause of death

DURATION

Crushing injury to chest 40 hrsDue to Auto accidentDue to Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations Date of op. Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident Date of 7-19-46Where did injury occur? in Easton (City or town) Talbot (County) Md (State)Injured at home, farm, industry, public place (where?) public highwayMeans of injury autoacc. Injured at work? no23. SIGNATURE Louis D. Helly MD Dps Md

M. D. or other

Address Easton Md Date signed 7-22-46

RECEIVED
JUL 26 1946
BUREAU V B

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (123)

CERTIFICATE OF DEATH

Reg. Dist. No.

07307

291

1. PLACE OF DEATH:

County Chesapeake BgyCity or town Tackett
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Virginia County ArlingtonCity or town Arlington
(If outside city or town limits, write RURAL and give nearest town)Street No. 3621 First Road

(If rural, give LOCATION)

2.(a) If veteran, name war World War #2 ★ 13 ✓

3.(a) FULL NAME

Donald Ralph Miller

3.(b) Social Security Number

161-14-3561

4. Sex

Male

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Single

6.(b) Name of husband or wife

7. Birth date of

deceased (mo., day, yr.)

3-6-1919

6.(c) If alive, give age

years

8. AGE:

Years

Months

Days

If less than one day

27419

hrs.

min.

9. Birthplace

Norristown Pa.

(Town, county, and state)

10. Usual occupation

Bricklayer

11. Industry or business

Geo. Bauckman

FATHER

12. Name

Allan J. Miller

13. Birthplace

Philadelphia, Pa.

MOTHER

14. Maiden name

Rachel J. Smythe

15. Birthplace

Norristown, Pa.

16. Informant

Allan J. Miller

Address

3621 First Rd. SouthArlington, Va.

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof

8/6/46

(month) (day) (year)

Cemetery or crematory

Arlington National Cemetery

Location

Arlington, Va.

18. Funeral director

J. Norman Marshall

Address

St. Michaels, Md.

19.

8-3-

19

16John H. Hunsaker

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

July 25th 1946

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19

to

19

and that I last saw him

alive on

19

Immediate cause of death

DURATION

Accidental drowning

Due to

Body recovered 8-3-46
5 PM. off Sharp's Island

Other conditions

Light-fishing out of
Chesapeake Beach Md.

Major findings of postmortem

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Accident

Date of

7-25-46

Where did injury occur?

Chesapeake Bay "Gooses"

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Bay

Means of injury

drowning

Injured at work?

no

23. SIGNATURE

Louis J. Harty MD Dept of Health
Frederick Md.

M. D. or other

Address

Date signed

8-3-46

RECEIVED
AUG 9 1946
BUREAU OF

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07308

Reg. Dist. No. 290

1. PLACE OF DEATH:

County Talbot Sussex md.
 City or town Memorial Hospital
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 1 day
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution? 1 day

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Caroline!
 City or town Federalburg
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war. _____

3. (a) FULL NAME

James Ormond Neal

3. (b) Social Security Number

no

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Male White married

6. (b) Name of husband or wife Grace W. Neal

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) Sept. 11, 1891

8. AGE: Years Months Days If less than one day
54 10 12 hrs. min.9. Birthplace Denton Md.
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

12. Name J. Dallas Neal

13. Birthplace Md.

14. Maiden name Mary W. Green

15. Birthplace Md.

16. Informant Grace W. Neal

Address Federalburg, Md.

17. Burial Date thereof 7/26/46
(Burial, cremation, removal, etc.) (month) (day) (year)

Cemetery or crematory East New Market

Location East New Market Md.

18. Funeral director J. Harvey Williamson

Address Federalburg, Md.

19. 7/23 1946 H. H. Chevius
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-23-46 at 1 PM M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 22 1946 to July 23 1946 and that I last saw him alive on July 23 1946

Immediate cause of death: mitral insufficiency, decompensating

Due to

Due to

Other conditions: anisot. - obesity

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. Cox M.D.
Address Easton Md. Date signed 7/24/46

RECEIVED
JUL 29 1946
BUREAU V.C.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. *292*

1. PLACE OF DEATH:

County *Talbot*City or town *Offord*
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? *Life*

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State *Maryland* County *Talbot*City or town *Offord*
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Martha Alberta Parrott

3. (b) Social Security Number

4. Sex *F* 5. Color or race *W.* 6. (a) Single, married, widowed, or divorced *Married*6. (b) Name of husband or wife *Charles Herbert Parrott*6. (c) If alive, give age *74* years7. Birth date of deceased (mo., day, yr.) *February 17, 1870*8. AGE: Years *75* Months *4* Days *24* If less than one day _____ hrs. _____ min.9. Birthplace *Talbot County, Maryland*
(Town, county, and state)10. Usual occupation *Housewife*

11. Industry or business _____

12. Name *Edward Lawrence*13. Birthplace *Md.*14. Maiden name *Helala*15. Birthplace *Md.*16. Informant *Mr. Mary Dumas*Address *Offord, Md.*17. *Buried* Date thereof *July 13, 1946*
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory *Spring Hill*Location *Offord, Md.*18. Funeral director *Edith Clark*Address *Offord, Md.*19. *Jul 13* 19 *46* *Joseph Parsons*
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH *July 11* 19 *46* at *11:45 P* M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from *29 June* 19 *46* to *7 July* 19 *46*and that I last saw him alive on *7 July 46* 19 _____Immediate cause of death _____ DURATION *(?)**Cardiac failure*Due to *acute myocardial infarction* *2 wk*Due to *chronic arterio-sclerosis* *?*Other conditions *hypertension and is-* *?*
chemic disease

(Include pregnancy within 3 months of death)

Major findings of operations _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE *John H. Harrison M.D.*Address *Easton, Maryland* Date signed *12 July 46*

RECEIVED

JUL 15 1946

BUREAU V.E.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 61

CERTIFICATE OF DEATH

07310
Reg. Dist. No. 290

1. PLACE OF DEATH:

County Talbot
 City or town Easton Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 3 days
 Hospital, institution, or street address where death occurred:
Memorial Hospital
 How long in hospital or institution? 3 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Talbot
 City or town Easton
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Mrs. Emma V. Phillips

3. (b) Social Security Number

4. Sex F 5. Color or race W 6.(a) Single, married, widowed, or divorced Married
 6.(b) Name of husband or wife Mr. Wm T. Phillips
Aug. 5, 1881 6.(c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.)
 8. AGE: Years 64 Months 11 Days 1 If less than one day _____ hrs. _____ min.

9. Birthplace Delaware
 (Town, county, and state)
 10. Usual occupation Housewife
 11. Industry or business Own Home
 12. Name Theodore Barron
 13. Birthplace Delaware
 14. Maiden name Amanda Jones
 15. Birthplace Delaware

16. Informant William T. Phillips
 Address Easton, Md.
 17. Burial Date thereof 7/9/46
 (Burial, cremation, or removal) Which? (month) (day) (year)
 Cemetery or crematory Spring Hill
 Location Easton, Md.
 18. Funeral director Wm. Back
 Address Easton, Maryland
 19. 7/7 19 46 M. H. Neuma
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 6 19 46, at 6 2 a.m.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 3 19 46 to July 6 19 46
 and that I last saw her alive on July 6 19 46
 Immediate cause of death Intracranial Hemorrhage DURATION 3 days
Hyperextension 5+ years
 Due to _____
 Due to _____
 Other conditions Diabetes mellitus - mild.
 (Include pregnancy within 8 months of death)
 Major findings of operations _____ Date of op. _____
 Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____
 Where did injury occur? _____
 (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?) _____
 Means of injury _____ Injured at work? _____

23. SIGNATURE M. V. Palmer M.D.
 Address Easton, Maryland Date signed 7/8/46
 M., D. or other _____

RECEIVED

JUL 22 1946

BUREAU V.R.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (61)

CERTIFICATE OF DEATH

Reg. Dist. No. 1731290

1. PLACE OF DEATH: County... <u>Talbot</u> City or town... <u>Easton</u> (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? <u>all of life</u> Hospital, institution, or street address where death occurred: How long in hospital or institution?		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State... <u>MD</u> County... <u>Talbot</u> City or town... <u>Easton</u> (If outside city or town limits, write RURAL and give nearest town) Street No. <u>S. Hanson St</u> (If rural, give LOCATION) 2.(a) If veteran, name war	
3. (a) FULL NAME <u>Mary Gale Slaughter</u>		3. (b) Social Security Number	
MEDICAL CERTIFICATION			
4. Sex <u>Female</u>		5. Color or race <u>Colored</u>	
6. (a) Single, married, widowed, or divorced <u>married</u>		2D. DATE OF DEATH <u>July 4th</u> 19 <u>46</u> at <u>12 noon</u>	
6. (b) Name of husband or wife <u>John Slaughter</u>		21. I CERTIFY that death occurred on the date above stated; that I attended deceased from <u>June 3</u> 19 <u>46</u> to <u>July 4</u> 19 <u>46</u> and that I last saw him/her alive on <u>July 4</u> 19 <u>46</u> Immediate cause of death <u>Acute endocarditis</u>	
7. Birth date of deceased (mo., day, yr.) <u>October 3-1884</u>		6. (c) If alive, give age years hrs. min.	
8. AGE: Years <u>62</u> Months <u>9</u> Days <u>1</u> If less than one day hrs. min.		9. Birthplace <u>Coppersville, Easton, Pa</u> (Town, county, and state)	
10. Usual occupation <u>Manual work</u>		11. Industry or business	
FATHER		MOTHER	
12. Name <u>Chas Thomas</u>		13. Birthplace <u>Coppersville, Pa</u>	
14. Maiden name <u>Unknown</u>		15. Birthplace	
16. Informant <u>Mildred Parker</u> Address <u>Easton, Md</u>		17. Burial Date thereof <u>July 8th 46</u> (Burial, cremation, or removal, which) (month) (day) (year) Cemetery or crematory <u>Richard's Cemetery</u> Location <u>Easton, Md</u>	
18. Funeral director <u>John D. Williams</u> Address <u>Easton, Md</u>		19. 7/6 49 46 (Date rec'd by registrar) <u>N. D. Neeris</u> Registrar	
22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide..... Date of..... Where did injury occur?..... (City or town) (County) (State) Injured at home, farm, industry, public place (where?)..... Means of injury..... Injured at work?.....		23. SIGNATURE <u>Waymond T. Webb, M.D.</u> <u>Easton, Md</u> M. D. or other Address..... Date signed <u>7/5/46</u>	

RECEIVED

JUL 10 1946

BUREAU V B

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 50

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:

County SubCity or town Boston
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 7 yrs.

Hospital, institution, or street address where death occurred:

Lansfield Apt. - S. Washington St.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Ms. County TachetCity or town Boston
(If outside city or town limits, write RURAL and give nearest town)Street No. Lansfield Apt. - S. Washington St.
(If rural, give LOCATION)

2.(a) If veteran, name War

3. (a) FULL NAME

Eric Dale Smith

3. (b) Social Security Number

4. Sex

M.

5. Color or race

W.

6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife

✓

6. (c) If alive, give age years

7. Birth date of

deceased (mo., day, yr.)

Dec. 25, 1896

8. AGE:

Years

Months

Days

If less than one day

49615

hrs.

min.

9. Birthplace

Columbia Va.

(Town, county, and state)

10. Usual occupation

H. W.

11. Industry or business

FATHER

12. Name

Wallace M. Smith

13. Birthplace

Virginia

14. Maiden name

Belle Harris

15. Birthplace

Virginia

16. Informant

J. Harris Smith

Address

Boston. Ms.

17.

(Burial, cremation, or removal. Which?)

Date thereof

July 15, 1946
(month) (day) (year)

Cemetery or crematorium

London Park

Location

Baltimore Md.

18. Funeral director

Belle Harris

Address

Boston Ms.

19.

(Date rec'd by registrar)

7/121946N. H. Neenan
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 10 1946, at 2:30 P.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 20 1945, to July 10 1946and that I last saw her alive on July 10 1946

Immediate cause of death

Generalized carcinoma

DURATION

Due to

Carcinoma of Breast

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

M. V. Palmer M.D.

M. D. or other

Address Boston, Massachusetts Date signed 7/12/46

RECEIVED

JUL 22 1946

BUREAU V.B.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 12418

CERTIFICATE OF DEATH

07313

Reg. Dist. No. 290

1. PLACE OF DEATH:

County Gallat
 City or town Easton
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 23
 Hospital, institution, or street address where death occurred:
Easton Memorial Hosp.
 How long in hospital or institution? 23

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Caroline
 City or town Preston
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____ ✓

3. (a) FULL NAME

Mrs. Bella Remona Thierriff

3. (b) Social Security Number

4. Sex W. 5. Color or race (M) 6. (a) Single married, widowed, or divorced (M)

6. (b) Name of husband or wife Mr. Edwin Thierriff
 6. (c) If alive, give age 61 years

7. Birth date of deceased (mo., day, yr.) Aug. 31, 1884

8. AGE: Years 61 Months 10 Days 24 If less than one day _____ hrs. _____ min.

9. Birthplace Auburn, Indiana
 (Town, county, and state)

10. Usual occupation H.W.

11. Industry or business

12. Name J. B. Coy

13. Birthplace Auburn, Indiana

14. Maiden name Marie Prosser

15. Birthplace Auburn, Indiana

16. Informant E. H. F. Thierriff

Address Preston Md.

17. Burial Date thereof July 26, 1946
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory St. O. U. A. M.

Location Preston Md.

18. Funeral director J. M. Steele

Address Preston Md.

19. 7/24 19 46 H. V. Revis
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/24/46 19 46 at 4:10 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 1 19 46, to July 24 19 46, and that I last saw him alive on July 24 19 46.

Immediate cause of death Coronary arteriosclerosis DURATION 6 months?

Due to Coronary Heart Failure 10 years

Due to Arteriosclerotic Arteriosclerosis 10 years

Other conditions Diabetes

(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

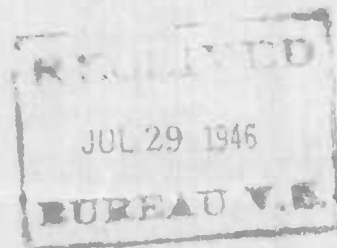
Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE M. V. Palmer M.D.

Address Preston Md. Date signed 7/27/46



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07314

Reg. Dist. No. 290

1. PLACE OF DEATH:

County Tackett
 City or town Exton, Md.
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 5 yrs
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Md. County Tackett
 City or town Exton
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

C. Nelson Trice

3. (b) Social Security Number

217-03-9221

4. Sex

M.

5. Color or race

W.

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Billy M. TriceB. (c) If alive, give age 38 years

7. Birth date of deceased (mo., day, yr.)

Feb. 10, 1899

8. AGE:

Years

Months

Days

If less than one day

4757

hrs.

min.

9. Birthplace

Superior, Delaware
(Town, county, and state)

10. Usual occupation

Mechanic

11. Industry or business

FATHER

12. Name

Howard P. Trice

13. Birthplace

Delaware

MOTHER

14. Maiden name

Gardner

15. Birthplace

Maryland

16. Informant

Mr. P. Nelson Trice

Address

Exton, Md.

17. Burial

(Burial, cremation, or removal? Which?)

Date thereof

July 19, 1946
(month) (day) (year)

Cemetery or crematorium

Ising Hill

Location

Exton, Md.

18. Funeral director

Address

Charles

19.

(Date rec'd by registrar)

7/2019 46N. H. Neer

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

July 1719 46at 2:35 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

October19 45to July 1619 46and that I last saw him alive on July 1619 46

Immediate cause of death

Pulmonary tuberculosis
metastatic spread

DURATION

4 years

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

M. V. Palmer M.D.

M. D. or other

Address

Exton, Md.

Date signed

7/19/46

RECEIVED
JUL 24 1946
BUREAU V. R.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07315

Reg. Diat. No. 290

1. PLACE OF DEATH:

County CalvertCity or town Easton
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 5 months

Hospital, institution, or street address where death occurred:

Easton - Dickinson Ave.How long in hospital or institution? 1

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County CalvertCity or town Easton
(If outside city or town limits, write RURAL and give nearest town)Street No. 1
(If rural, give LOCATION)2.(a) If veteran, name war 1918

3.(a) FULL NAME

Mrs. Ella Turpin

3.(b) Social Security Number

None4. Sex Female5. Color or race white6.(a) Single, married, widowed, or divorced widowed6.(b) Name of husband or wife John I. Elmer6.(c) If alive, give age 1860 years7. Birth date of deceased (mo., day, yr.) Sept. 11, 18608. AGE: Years 85 Months 9 Days 29 If less than one day hrs. min.9. Birthplace Easton Calvert Co., Md.
(Town, county, and state)10. Usual occupation Housewife11. Industry or business John I. Elmer12. Name John I. Elmer13. Birthplace Easton Calvert Co., Md.14. Maiden name Martha Lane15. Birthplace Easton Calvert Co., Md.16. Informant Mrs. E. E. BrayAddress Easton Md.17. Burial Date thereof July 12, 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Spring HillLocation Easton Md.18. Funeral director Marvin E. Pearson & SonAddress Easton Md.19. 5/1 19 46 N. R. Pearson
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 10, 1946, at 1946 M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1946 to 1946and that I last saw him alive on 1946Immediate cause of death Branchio-ectopic cleftCardiac failure arteriosclerosis

DURATION

Due to arterio-sclerosis, general& cerebralDue to arterio-sclerosisOther conditions arterio-sclerosis

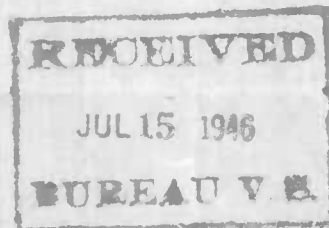
(Include pregnancy within 3 months of death)

Major findings of operations NoneDate of op. NoneAutopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide None Date of NoneWhere did injury occur? None (City or town) (County) (State)Injured at home, farm, industry, public place (where?) NoneMeans of injury None Injured at work? None23. SIGNATURE Thos. H. Harrison M.D.Address Easton Maryland Date signed July 12, 46



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for change of place of death is shown on

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 166

CERTIFICATE OF DEATH

07316

Reg. Dist. No. 290

FILM No. 106 AUG 23 1946

1. PLACE OF DEATH:

County 12/60T

City or town Easton (Rural, County Road)
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Memorial Hospital 3 days

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For new-born infants give residence of mother)

State Maryland County Talbot

City or town Sumner
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2. (a) If veteran, name war

3. (a) FULL NAME

Eugene Ward

3. (b) Social Security Number

4. Sex

X

5. Color or race

B

6. (c) Single, married, widowed, or divorced

6. (b) Name of husband or wife

Wm. Ward

7. Birth date of deceased (mo., day, yr.)

May 26, 1913

6. (c) If alive, give age 28 years

8. AGE:

33

2

25

If less than one day

hrs. min.

9. Birthplace

Sumner, Georgia
(Town, county, and state)

10. Usual occupation

H.W.

11. Industry or business

Field work in summer

FATHER

12. Name

John Blackman

13. Birthplace

Troy, Alabama

MOTHER

14. Maiden name

Ellen Williams

15. Birthplace

Troy, Alabama

16. Informant

Lizzie Williams

Address

Bayboro, Fla.

17. (Burial, cremation, or removal)

Burial

Date thereof

7/29/46

Cemetery or crematorium

Richards

Location

Easton, Md.

18. Funeral director

John D. Hallissey

Address

Easton, Md.

19. (Data rec'd by registrar)

7/22

19 46

N.H. Neuman

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 21, 1946, at 8 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 19, 1946 to July 21, 1946

and that I last saw him alive on July 21, 1946

Immediate cause of death Fairlie Fairlie

DURATION

Due to

toemia & shock

Due to

gun shot wound of abdomen. shot gun

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

perforation shot, wall

perforation of small intestine

Autopsy results

same

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Homicide Date of 19 July 46

Where did injury occur? Easton Talbot County

Injured at home, farm, industry, public place (where?) Public place

Means of Injury Shot gun Injured at work? No

23. SIGNATURE

J. T. Korman MD

Address Easton, Maryland Date signed 22 July

RECEIVED

JUL 26 1946

BUREAU V B

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 29.0

1. PLACE OF DEATH:

County Baltimore
 City or town Easton (Rural)
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Talbot
 City or town Trappe Rural
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Dorothy Marie Young.

3. (b) Social Security Number

4. Sex Female 5. Color or race Colored 6.(a) Single, married, widowed, or divorced Single
 6.(b) Name of husband or wife _____
 7. Birth date of deceased (mo., day, yr.) May 3-1946
 8. AGE: Years _____ Months 1- Days 29 If less than one day _____ hrs. _____ min.

9. Birthplace Easton, Md.
(Town, county, and state)

10. Usual occupation

11. Industry or business

12. Name Herman Young
 13. Birthplace Easton, Md.
 14. Maiden name Beatrice Beulah Young
 15. Birthplace Trappe, Md.

16. Informant Herman Young
 Address Trappe Rural Md.
 17. Buried Date thereof July 6-1946
 (Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Easton Cemetery
 Location Easton Rural, Md.
 18. Funeral director Wm. D. Williams
 Address Easton, Md.

19. 7/5 19 46 N. J. Duvern
 (Date recd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 4th 19 46 at 4 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from _____ 19 _____ to _____ 19 _____
 and that I last saw him/her alive on _____ 19 _____

Immediate cause of death

Fractured skull
 Due to auto accident

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of 7-4-46Where did injury occur in Easton Talbot, Md.
(City or town) (County) (State)Injured at home, farm, industry, public place (where?) public highwayMeans of injury auto accident Injured at work? No

23. SIGNATURE Louis P. Welty MD Dep Med Ex
 M. D. or other _____

Address Easton Md. Date signed 7-5-46

RECEIVED
JUL 10 1946
READ V.M.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (4)

CERTIFICATE OF DEATH

Reg. Dist. No. 270

1. PLACE OF DEATH:

County Talbot
City or town Trappe Rural Md
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? all of life
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Md County Talbot
City or town Trappe Rural
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME

Lillian Hestelle Young

3. (b) Social Security Number

220-12-0080

4. Sex Female 5. Color or race Colored 6.(a) Single, married, widowed, or divorced Widowed

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) June 16 - 1899 6. (c) If alive, give age _____ years

8. AGE: Years 47 Months — Days 20 If less than one day _____ hrs. _____ min.

9. Birthplace Trappe, Md
(Town, county, and state)

10. Usual occupation Housework

11. Industry or business unknown

FATHER 12. Name unknown

13. Birthplace "

MOTHER 14. Maiden name Margie Freeman

15. Birthplace Trappe, Md

16. Informant Glenn Harris

Address 40 W. 2nd St, Germantown, Pa.

17. Burial (Burial, cremation, or removal, which?) Burial Date thereof July 9 - 46
(month) (day) (year)

Cemetery or crematory Trappe Cemetery

Location Trappe, Md

18. Funeral director John D. Williams

Address Exeter, Md

19. 7/8 46 N.H. Neer
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 6 - 1946, at 3 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 18 - 1946 to July 6 - 1946
and that I last saw him alive on July 6 - 1946

Immediate cause of death Cardiac arrest of the heart

P. Arteriosclerosis

Due to Diabetes Mellitus

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Harold T. Buff M.D.
Address Exeter, Md Date signed 7/8/46

MARGIN RESERVED FOR BINDING

I

VS A15 9-45-15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

